

## SIMS (Student Information Management System) Required Data Elements

Student Name:		Purpose of Meeting <input type="checkbox"/> Initial Eligibility, IEP Placement <input type="checkbox"/> Change (complete date and area the changed) <input type="checkbox"/> Three Year Reevaluation <input type="checkbox"/> Dismissal from Service Date:
Effective Date of Services:		
Special Education Placement Category Circle One		Instruction Program Type
School Age 6-21	Preschool-ages 3-5	(This is determined by the coding used for the Cost Analysis completed by business manager or special ed director ) (Please circle one) A. Program for Mild to Moderate Disabilities B. Program for Severe Disabilities C. Speech Only D. Early Childhood (ages 3-5) E. Day Program F. Residential Program G. Homebound Program
0100-General Classroom w/modifications 80-100%	0310-EC 10 hours +, services in EC program 80-100%	
0110-Resource Room 40-79%	0315- EC 10 hours +, services in other location	
0120-Self Contained classroom 0-39%	0325- EC less than 10 hours, services in EC	
0130-Separate Day School	0330- EC less than 10 hours, services in other location	
0140-Residential facility	0335-Separate class	<b>Multiple Disability Areas:</b> 0505- Emotionally Disturbed 0510- Cognitive Disability 0515- Hearing Loss 0525-Specific Learning Disabled 0530- Multiple Disabilities 0535- Orthopedic Impairments 0540- Vision Loss 0545- Deafness 0550-Speech/Language Impairments 0555-Other Health Impaired 0560-Autism 0565- Traumatic Brain Injury 0570-Developmentally Delayed Multiple Disability 1 _____ Multiple Disability 2 _____ Multiple Disability 3 _____ Multiple Disability 4 _____ Multiple Disability 5 _____
0150-Home/Hospital program	0345-Separate school	
	0355-Residential facility	
	0365- Home	
	0375-Service provider location	
Special Education Primary Disability Areas		Assistive Technology Yes / No
(Please circle one) 0500- Deaf-Blind 0505- Emotionally Disturbed 0510- Cognitive Disability 0515- Hearing Loss 0525-Specific Learning Disabled 0530- Multiple Disabilities 0535- Orthopedic Impairments 0540- Vision Loss 0545- Deafness 0550-Speech/Language Impairments 0555-Other Health Impaired 0560-Autism 0565- Traumatic Brain Injury 0570-Developmentally Delayed		Transportation Yes / No
		Significant Cognitive Disability (coded by SD DOE)
Special Education Services:		IEP Program Exit Reason
(Please indicate the number of hours or exit date)		01- No longer received Sped Services
Physical Therapy _____		02- Graduated with regular high school diploma
Recreational Therapy _____		03- Received a certificate
Audiological Services _____		04- reached maximum age
Speech Language Therapy _____		05- Died
Occupational Therapy _____		06- Moved known to be continuing
Psychological Services _____		07-Moved not known to be continuing
School Nurse Services _____		08- Dropped out
Orientation & Mobility Services _____		09- Refused Services
Counseling Services _____		10- Completed ISFP prior to reaching maximum age for Part C
Social Work Services _____		11- Change in IEP
Other Therapy Services _____		12- Student continues
( Medical Counseling/ Training and Other		